

Green Street Recreation 2012 Registration Application

PLEASE PRINT

Name _____

Address: _____

City _____ State: _____ Zip : _____

Home Phone _____ Cell Phone _____

Email address: _____

Date of Birth _____ Age _____

In Case of Emergency Contact _____ Phone _____

Waiver of Responsibility

As a participant in this recreational or social activity, I agree to abide by all the rules, regulations and policies set forth by the City of Longview, Green Street Recreation Center. I understand that the activities and services I wish to participate in may have an element of hazard or inherent danger, and I take full responsibility for my actions and physical condition. I agree to indemnify and hold the City of Longview, Green Street Recreation Center and their employees, volunteers, representatives, successors and assigns, harmless from any liability, loss, cost, or expense (including but not limited to, attorney=s fees, medical and ambulance costs) that may be incurred because of my participation in the City of Longview, Green Street Recreation Center activities.

In case of emergency, I give my permission for the use of ambulance services and medical treatment. It is agreed that this form shall be considered valid until canceled or changed in writing by the undersigned participant.

My signature confirms I have read and understand the information contained above.

Signature: _____ Date: _____

For Office Use Only

- ☐ Yearly Membership-----(\$10.00) (35 yrs. & up)
- ☐ Monthly Membership-----(\$5.00) (under 35 yrs.)
- ☐ Day Pass Membership-----(\$2.00) (daily)

Green Street Recreation Center

814 S. Green St.
Longview, TX 75602
Fax: 903-291-5315

